



RECEIVED

MAY 21 2003

GROUP 1700

AF/1700

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/845,597	
	Filing Date	April 30, 2001	
	First Named Inventor	Antoni P. Tomsia	
	Group Art Unit	1775	
	Examiner Name	Sperty	
Total Number of Pages in This Submission	39	Attorney Docket Number	IB-1627

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles R. Nold; Lawrence Berkeley National Laboratory
Signature	<i>CR Nold</i>
Date	3/15/2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 05/15/2003	
Typed or printed name	Charles R. Nold
Signature	<i>CR Nold</i>
Date	5/15/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) in this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/16 (2-98)
Approved for use through 01/31/2001. OMB0651-0037
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)				
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)		
Antoni P. Eduardo Jose M.	Tomsia Saiz Gomez-Vega	Pinole, CA Berkeley, CA Spain		
<input checked="" type="checkbox"/> Additional inventors are being named on the ___ separately numbered sheets attached hereto				
TITLE OF THE INVENTION (280 characters max)				
Functionally Graded Glass and Glass/Ceramic Coatings for Metallic Orthopedic Implants				
CORRESPONDENCE ADDRESS				
Direct all correspondence to:				
<input checked="" type="checkbox"/> Customer Number	008076	Place Customer Number Bar Code Label here		
OR Type Customer Number here				
<input checked="" type="checkbox"/> Firm or Individual Name	Paul R. Martin			
Address	Patent Counsel			
Address	M/S 90-1121			
City	Berkeley	State	CA	ZIP 94720
Country		Telephone	510-486-6503	Fax 510-486-7896
ENCLOSED APPLICATION PARTS (check all that apply)				
<input checked="" type="checkbox"/> Specification Number of Pages	28	<input checked="" type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Drawing(s) Number of Sheets		<input type="checkbox"/> Other (specify)		
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)				
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees				FILING FEE AMOUNT (\$)
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: 120690				75.00
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.				
<input type="checkbox"/> No.				
<input checked="" type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: Department of Energy-DE-ACO3-76SF00098				

Respectfully submitted,

SIGNATURE

TYPED or PRINTED NAME Paul R. Martin

TELEPHONE 510-486-6503

Date

REGISTRATION NO.

(if appropriate)

Docket Number:

24-593

IB-1627P

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.

IB-1627P
EXPRESS MAILING NO. EL546059227US
LAWRENCE BERKELEY NATIONAL LABORATORY
1 Cyclotron Rd. Patent Dept, 90-1121
510-486-6503

ADDITIONAL INVENTORS:

Sally	Marshall	Larkspur, CA
Grayson W.	Marshall	Larkspur, CA